



## Healthcare-Associated Infections Program Adherence Monitoring Central Line Maintenance Practices

Assessment completed by:  
Date:  
Unit:

**Regular monitoring with feedback of results to staff can improve adherence to central line maintenance practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where central lines are used.**

**Instructions:** Use this tool to evaluate patients/residents with a central line. Review documentation and observe tubing and condition of dressings. Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the bottom row.

Practices denoted by an asterisk (\*) are considered core strategies and should be correctly practiced at all times.

Central Line Maintenance Practices		Patient/ Resident 1		Patient/ Resident 2		Patient/ Resident 3		Patient/ Resident 4		Adherence by Task	
										# Yes	# Observed
D1.	The central line insertion date is documented. (May require chart review.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D2.*	Dressings that are wet, soiled, or dislodged are changed promptly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D3.*	The need for the central line is assessed daily by a practitioner, with prompt removal of unnecessary lines. (May require chart review.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D4.*	The optimal site is selected, avoiding the femoral site in adult patients.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D5.*	Sterile gauze, sterile transparent or sterile semi-permeable dressing used to cover the catheter site is in place for ≤ 7 days (Mark “No” if no date on the dressing.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D6.	Antiseptic-containing protector caps are utilized for all line connectors if facility policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D7.	A CHG-impregnated sponge is applied around the insertion site of the central line.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D8.	Tubing and administration set have been in place for ≤ 7 days. (Mark “No” if no date on dressing.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D9.	If receiving TPN/Lipids, tubing is dated to ensure change every 24 hours.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
D10.	Daily bathing with a 2% CHG solution is done if facility policy. (May require chart review.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

# of Correct Practice Observed (“# Yes”): \_\_\_\_

Total # Central Line Maintenance Observations (“# Observed”): \_\_\_\_  
(Up to 40 total)

Adherence \_\_\_\_ %  
(Total “# Yes” ÷ Total “# Observed”) x 100

*If practice could not be observed (i.e. cell is blank), do not count in total # Observed*

**All 4 Core Elements are in place for all patients/residents observed: ☐ Yes ☐ No**